Concurrent Session Two – Use of Data/Fostering Buy-In

David Napp, Facilitator
Practical Applications for Public Health

David Napp's presentation was the same as that delivered during the morning session, though the discussions and input varied to some extent. As he did with the first group, David Napp asked the participants to consider and give input to two questions. Rather than deliberating the questions, the larger group generated a list of ideas following each question.

What happens if you or your providers are not sold on the idea of evaluation?

- ❏ Evaluation does not happen;
- ❏ There is inconsistent participation among and between agencies;
- ❏ Poor or no evaluation threatens the availability of data;
- ❏ The quality of data collected is poor;
- ❏ Without buy-in to evaluation beyond the health department, there is little cooperation, no follow-up, and no one cares about the project; and
- ❏ If HIV programs are not as well-supported as other programs, then agencies do not want to use their time to gather data for HIV.

What makes it difficult to get buy-in?

- ❑ Capacity at the local and state levels may not be sufficient to conduct evaluation;
- ❑ some agencies and programs are threatened by what might occur as a result of the evaluation, such as loss of funding;
- ❑ Some programs are actually doing evaluation-type activities, but not calling them "evaluation;"
- ❑ The systems are overloaded;
- ❑ Past experiences with other agencies lead some programs not to trust that the data will be used appropriately;
- ❑ In pre-existing relationships with agencies, when feedback has been given, there has been a lack of follow-through;
- ❑ Programs are trying to establish their identities and differentiate themselves from some of the other agencies that request data;
- ❑ Inertia and wondering what happens to data at the other end, after it is collected;
- ❑ Many who run projects work hard and may be overloaded;
- ❑ There is a fear of change;
- ❑ Anecdotal experiences make them wonder whether the evaluation is the best use of time and resources and whether it is capturing all of the risks and information that needs to be captured – does the evaluation really reflect what is going on in the program;
- ❑ Programs think that working with evaluation "experts" is a waste and do not understand that evaluation information will show a real difference between perceptions and what is actually going on, looking deeper into their populations and activities;
- ❑ Despite doing evaluations for 20 years and giving a lot of agencies funding, there is still much that is unknown about HIV, and there is concern about poor results given the amount of money spent; and
- ❑ Evaluation might mean the death of a "pet" project.

Discussion Summary:

- A participant was unclear about the goal and research question that was answered by the Evaluation Guidance. The form seems only to yield demographic information, she said. Getting buy-in from CBOs and agencies will require a concrete goal. Many people, including evaluators, get discouraged because it is difficult to see the benefits that come from the work.

- Dale Stratford agreed with the sentiments expressed. The Evaluation Guidance is a reporting system which, she acknowledged, does not gather much "interesting" data. It primarily helps CDC decipher what money is being spent on what interventions in what populations. Some of the deeper questions about the effects of the interventions go beyond the Evaluation Guidance. The underlying goal is to battle the epidemic, she said, and they have to rely on that goal to encourage all of them to buy into evaluation as a critical way of looking at what they are doing. Fundamentally, the issue is beyond the Guidance, which is a first step to CDC being able to be accountable to their funders in Congress. She said that having *any* data is better than having *no* data.

- A participant suggested framing the Guidance requirements as research questions. They are basic and focus on process, but phrasing can make them seem more interesting to foster buy-in. Questions can also ask health departments to reflect on the theory basis for their work, which also encourages ownership of the data.

- Another speaker praised the Guidance's focus on using effective, behavioral-based intervention. The Guidance can also be a stepping stone to doing some good outcome evaluation.

Gary Novotny
Health Department Peer
Minnesota Department of Health

Gary Novotny delivered the same presentation which he did in the morning session. Following his talk, the floor was opened for discussion.

Discussion Summary:

- A representative from Georgia asked Gary Novotny whether he could use Minnesota data to prove to the state legislature that their work prevents HIV. Gary Novotny replied that they could not, as only one of their programs has any scientific, positive outcome data. Some of their agencies are ready to embark on that level of evaluation, but are waiting.

The Georgia representative commented that he had found frustration in not being able to use the evaluation system to prove that HIV is being prevented. The U.S. is more successful that other countries, he said. Mr. Novotny described a program called "Man to Man" at the University of Minnesota, which is a two-day seminar approach with a pre-test and a post-test. They have been able to demonstrate that if certain issues are addressed, then risk behaviors will decrease. When the state legislature found that the program was targeting homosexuals, there was a furor. The legislature now even has a statute wherein they want to measure the number of sexual partners as part of the evaluation. They think that reducing the number of sexual partners reduces risk.

- A participant observed that the epidemic has been studied for a long time, and that there is evidence about what approaches work. When ensuring that interventions are theory-based and connected to practices and behavior change, it is possible to use national information to prove that certain interventions work and are linked to decreasing risk behaviors. Even without specific outcome information for a particular program, process evaluation can show how that program, tied to a theory, can communicate to decision-makers.

- David Napp asked the group whether they are closer to being able to say to stakeholders that what they are doing is saving lives than they were before they began to implement the systems. The process is developing nationally, and he posited that being closer to being able to say that lives are being saved is a worthwhile measure of success. Dale Stratford agreed, adding that CDC offers technical assistance on outcome monitoring.

- A participant remarked that using research and theory may satisfy stakeholders in the beginning, but they will eventually want real data. David Napp agreed and added that sometimes legislators and other stakeholders might not be informed about how success is measured, so some education is necessary. Sometimes, these groups need to understand that just because rates are increasing, it does not mean that the programs are not working: they can be preventing an even greater increase.

- Another participant asked Gary Novotny how they coped with the diversity of needs from their providers as they gathered feedback and input into the process (e.g., How did they reconcile trying to incorporate everyone's needs with trying to have an instrument that was standardized and feasible to execute statewide?). Gary Novotny replied that the grantees did not ask for much more than what CDC required in the Guidance.

- Fred McCormick, the evaluation consultant from Minnesota, said that they went into the field to see the state of the art of evaluation efforts and to ascertain the technical assessments that grantees might want from the state. There was a great deal of commonality in the thinking. Gary Novotny commented that more CBOs are being

brought on-board because of their perceived connection to the target audience, which brought inexperience. He said that process has been difficult with some of the agencies.

David Napp, Facilitator
Group Exercises

David Napp then directed the group to break into smaller groups during which they were to reflect on solutions to the problems that they had listed, as well as other problems that they may have. He encouraged them to name three strategies that they could use in their jurisdictions to combat the difficulties, whether they were new ideas or strategies that have been in place. He suggested that they think of it as designing an intervention to change the norms in their jurisdictions about how evaluation is perceived. Following the breakout sessions, the groups called out their answers the questions:

Question #1

What are some of the ways to address challenges to getting buy-in to evaluation so that you increase buy-in to evaluation in your jurisdiction?

- On the first version of any form that goes out to contractors, write the word "draft" so that they have a chance to offer their input and feedback.

- Bring all contractors together to help design the instruments. Idaho used this strategy. The representative from Idaho added that the contractors and service providers had very strong relationships between them already, so they were able to build on that connection. Also, she said there are not many people doing this kind of work in the state, so the providers and contractors relish any opportunity to come together to offer each other peer support. The state then involved the contractors and providers in evaluation design while offering training on evaluation. They contributed the information that they wanted to capture and helped to design the forms. The state also visited each organization to observe how they do business, and from there, helping them build the completion of the forms into their everyday activities.

- Give feedback in a timely matter after collecting the data.

- Use the response "because CDC says so" as a last resort. Focus instead on the positive reasons for doing evaluation. If CDC is blamed for the evaluation, then the inherent value in the evaluation is not clear. CDC's use of the data is not the only reason to conduct evaluation – the information goes right back into the state.

- Have quarterly site visits or meetings to work through the data and to teach vendors how

to use data to guide their projects and to improve their projects.

- ❖ CPG involvement will boost buy-in. It will also show how the data feeds into the planning process and in the continuum from planning to evaluation.

- ❖ CBOs' fear of losing funding might be overrated: stress to CBO's that evaluation is not to take money away from them, but to give them feedback on how to make their programs more effective.

- ❖ Fund evaluation above and beyond the cost of interventions so that there is no feeling that resources are being taken from the community's intervention efforts. David Napp added that jurisdictions should understand that the gathered data can lead to applying for sources of more funding.

- ❖ Find a way to address some CBOs' infrastructure needs, such as personnel, space, and equipment to do evaluation. Reinforce the knowledge that the data collection system can bring to the locality, such as computer skills and Web access.

- ❖ In the past in some areas, evaluation has been done by hand; when the simple forms and data entry came along, it was a streamlining of the process. In time, the workload is reduced.

- ❖ Remember that providers are running a business, so they are interested in increasing their level of efficiency.

- ❖ Keep promises and do not promise things that cannot be delivered. Be realistic about time frames and priorities.

Question #2

What are ways to use evaluation data in your jurisdiction?

- ❖ Feed data back to the CPG. A Participant from Philadelphia said they took process evaluation data from each intervention and mapped it by ZIP code against AIDS case reporting (there is no HIV reporting in Pennsylvania). The CPG used this information in their planning process. They assessed whether they were reaching areas that needed to be reached. The CPG is in the process of deciding about possible changes. They had discovered that some ZIP codes that had a number of services reported no AIDS cases. The information helps prevent role confusion and keeps CPGs from getting involved unnecessarily.

- A representative from Houston said that they have been doing outcome monitoring for three years. Last year, they had enough data to present to the community. The CPG is using the information in intervention prioritization, prioritizing by effectiveness. They are hoping to produce local data on what types of interventions are more effective. The data has not yet been good enough to help the CPG; however, the process of data collection and analysis has led to conversations and focusing of efforts. Programs are getting more effective.

- David Napp said that resource inventory is a requirement of community planning. This activity includes assessing who is doing what for whom, and the process monitoring data provides a great deal of that information.

- The Guidance has been useful in providing technical assistance to the CPG in Minnesota as they examine the prioritization process: is has helped to establish a common language.

- Inform future planning – hear what the priorities were and what was planned and compare that to what was accomplished.

- Use the information to examine the cost-effectiveness of programs.

- Louisiana has a database to track their condom distribution. They have been able to geo-code the condoms and geo-code gonorrhea rates. There is proof that gonorrhea rates are lower in areas where a large number of condoms are distributed.

- Philadelphia used evaluation data in city council hearings regarding HIV prevention services. They communicated that the efforts are making a difference.

- Data on providers as well as the clients is valuable. What is the workload of the counselors, how many counselors are there, and is their work effective? Local providers can use the information to improve their programs and the quality of their staffs.

- Document the process and results of establishing community norms to lobby with policy-makers to put out materials that are effective.

- Mid-stream changes in programs can be helped. Programs can compare their forecasts to their actual numbers and adjust their programs as needed. This shifts evaluation from being a judgement to being a tool for improvement.

- Use of evaluation starts with the questions being asked. Develop evaluation according to how the information will be used.

- ❖ Part of an intervention plan is projecting the people that will be served. Process monitoring data can help them make their predictions.

- ❖ The data can also give process monitors a base for their work. Consider what interventions require the focus of outcome evaluation: process monitoring can indicate which interventions are appropriate in the areas of stability and number of people reached.

In conclusion, David Napp summed up the session, thanking the participants for attending. He encouraged them to think of at least one way that they can increase buy-in to the evaluation process. Some members of the group shared their plans, which included:

- ❑ Using geo-systems
- ❑ Sharing ideas with other states via a listserv
- ❑ Releasing another bulletin on evaluation
- ❑ Exploring further resources.